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Benefits and Premiums are effective January 01, 2019 through December 31, 2019

PLAN DESIGN AND BENEFITS

PROVIDED BY AETNA LIFE INSURANCE COMPANY

**PHARMACY - PRESCRIPTION DRUG BENEFITS**

**Calendar-year deductible for prescription drugs \$100**

Prescription drug calendar year deductible must be satisfied before any Medicare Prescription Drug benefits are paid. Covered Medicare Prescription Drug expenses will accumulate toward the pharmacy deductible.

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**Pharmacy Network**

P1

Your Medicare Part D plan is associated with pharmacies in the above network. To find a network pharmacy, you can visit our website (<http://www.aetnaretireeplans.com>).

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**Formulary (Drug List)**

GRP A1

Your cost for generic drugs is usually lower than your cost for brand drugs. However, Aetna in some instances combines higher cost generic drugs on brand tiers.

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**Initial Coverage Limit (ICL)**

\$3,820

The Initial Coverage Limit includes the plan deductible, if applicable. This is your cost sharing until covered Medicare prescription drug expenses reach the Initial Coverage Limit (and after the deductible is satisfied, if your plan has a deductible):



## STATE EMPLOYEE HEALTH PLAN (STATE OF KANSAS)

Aetna Medicare Rx® Plan

2019 Rx Value Option

<b>5 Tier Plan</b>	<b>Standard retail cost-sharing up to a 30-day supply</b>	<b>Preferred retail cost-sharing up to a 30-day supply</b>	<b>Standard retail or standard mail order cost-sharing up to a 90-day supply</b>	<b>Preferred retail cost-sharing up to a 90-day supply</b>	<b>Preferred mail order cost-sharing up to a 90-day supply</b>
<b>Tier 1 - Preferred Generic</b> Generic Drugs	\$19	\$8	\$38	\$16	\$16
<b>Tier 2 - Generic</b> Generic Drugs	\$20	\$15	\$40	\$30	\$30
<b>Tier 3 - Preferred Brand</b> Includes some high-cost generic and preferred brand drugs	\$47	\$40	\$94	\$80	\$80
<b>Tier 4 - Non-Preferred Drug</b> Includes some high-cost generic and non-preferred brand drugs	\$100	\$80	\$200	\$160	\$160
<b>Tier 5 - Specialty</b> Includes high-cost/unique generic and brand drugs	25%	25%	Limited to one-month supply	Limited to one-month supply	Limited to one-month supply



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**Coverage Gap†**

The Coverage Gap starts once covered Medicare prescription drug expenses have reached the Initial Coverage limit. Here's your cost-sharing for covered Part D drugs between the Initial Coverage limit until you reach \$5,100 in prescription drug expenses:

<b>5 Tier Plan</b>	<b>Standard retail cost-sharing up to a 30-day supply</b>	<b>Preferred retail cost-sharing up to a 30-day supply</b>	<b>Standard retail or standard mail order cost-sharing up to a 90-day supply</b>	<b>Preferred retail cost-sharing up to a 90-day supply</b>	<b>Preferred mail order cost-sharing up to a 90-day supply</b>
<b>Tier 1 - Preferred Generic</b> Generic Drugs	\$19	\$8	\$38	\$16	\$16
<b>Tier 2 - Generic</b> Generic Drugs	\$20	\$15	\$40	\$30	\$30
<b>Tier 3 - Preferred Brand</b> Includes some high-cost generic and preferred brand drugs	37% Generic - 25% Brand	37% Generic - 25% Brand	37% Generic - 25% Brand	37% Generic - 25% Brand	37% Generic - 25% Brand
<b>Tier 4 - Non-Preferred Drug</b> Includes some high-cost generic and non-preferred brand drugs	37% Generic - 25% Brand	37% Generic - 25% Brand	37% Generic - 25% Brand	37% Generic - 25% Brand	37% Generic - 25% Brand



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5 Tier Plan	Standard retail cost-sharing up to a 30-day supply	Preferred retail cost-sharing up to a 30-day supply	Standard retail or standard mail order cost-sharing up to a 90-day supply	Preferred retail cost-sharing up to a 90-day supply	Preferred mail order cost-sharing up to a 90-day supply
<b>Tier 5 - Specialty</b> Includes high-cost/unique generic and brand drugs	37% Generic - 25% Brand	37% Generic - 25% Brand	Limited to one-month supply	Limited to one-month supply	Limited to one-month supply

**Catastrophic Coverage**

Greater of 5% of the cost of the drug - or - \$3.40 for a generic drug or a drug that is treated like a generic and \$8.50 for all other drugs.

Catastrophic Coverage benefits start once \$5,100 in true out-of-pocket costs is incurred.

**Requirements:****Precertification**

Applies

**Step-Therapy**

Applies

**Non-Part D Drug Rider**

- Not Covered

You must use network pharmacies to receive plan benefits except in limited, non-routine circumstances as defined in the EOC. In these situations, you are limited to a 30 day supply. To find a network pharmacy, you can visit our website (<http://www.aetnaretireeplans.com>). Quantity limits and restrictions may apply.

The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary.



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**Your coverage is provided through a contract with your former employer/union/trust. The plan benefits administrator will provide you with information about your plan premium (if applicable).**

**If you reside in a long-term care facility, your cost share is the same as at a retail pharmacy and you may receive up to a 31 day supply.**

Members who get “extra help” don’t need to fill prescriptions at preferred network pharmacies to get Low Income Subsidy (LIS) copays.

Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered “mail-order pharmacies.” So, most specialty drugs are not available at the mail-order cost share.

You must continue to pay your Part B premium.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 7-10 days. You can call 1-888-792-3862, (TTY users should call 711) 24 hours a day, seven days a week, if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign-up for automated mail-order delivery.

Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna’s preferred drug list. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Pharmacy participation is subject to change.

Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.



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†Your former employer/union/trust provides some additional coverage during the Coverage Gap stage for covered drugs. Your cost share appears in the chart above.

For brand drugs not included in the additional coverage provided by your former employer/union/trust, the Medicare Coverage Gap Discount Program applies. The Medicare Coverage Gap Discount Program provides manufacturer discounts on brand name drugs. You pay 25% of the negotiated price (excluding the dispensing fee and vaccine administration fee, if any) for brand name drugs. Both the amount you pay and the amount discounted by the manufacturer count toward your out-of-pocket costs as if you had paid them and moves you through the coverage gap.

You also receive some coverage for generic drugs. You pay no more than 37% of the cost for generic drugs and the plan pays the rest. For generic drugs, the amount paid by the plan (63%) does not count toward your out-of-pocket costs. Only the amount you pay counts and moves you through the coverage gap.

You continue paying the discounted price for brand name drugs and no more than 37% of the costs of generic drugs until your yearly out-of-pocket payments reach a maximum amount that Medicare has set. In 2019, that amount is \$5,100. Coinsurance-based cost-sharing is applied against the overall cost of the drug, prior to the application of any discounts or benefits.

Coinsurance is applied against the overall cost of the drug, before any discounts or benefits are applied.

Aetna's retiree pharmacy coverage is an enhanced Part D Employer Group Waiver Plan that is offered as a single integrated product. The enhanced Part D plan consists of two components: basic Medicare Part D benefits and supplemental benefits. Basic Medicare Part D benefits are offered by Aetna based on our contract with CMS. We receive monthly payments from CMS to pay for basic Part D benefits. Supplemental benefits are non-Medicare benefits that provide enhanced coverage beyond basic Part D. Supplemental benefits are paid for by plan sponsors or members and may include benefits for non-Part D drugs. Aetna reports claim information to CMS according to the source of applicable payment (Medicare Part D, plan sponsor or member).

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There are three general rules about drugs that Medicare drug plans will not cover under Part D. This plan cannot:

- Cover a drug that would be covered under Medicare Part A or Part B.
- Cover a drug purchased outside the United States and its territories.
- Generally cover drugs prescribed for “off label” use, (any use of the drug other than indicated on a drug's label as approved by the Food and Drug Administration) unless supported by criteria included in certain reference books like the American Hospital Formulary Service Drug Information, the DRUGDEX Information System and the USPDI or its successor.

Additionally, by law, the following categories of drugs are not normally covered by a Medicare prescription drug plan unless we offer enhanced drug coverage for which additional premium may be charged. These drugs are not considered Part D drugs and may be referred to as “exclusions” or “non-Part D drugs”. These drugs include:

- Drugs used for the treatment of weight loss, weight gain or anorexia
- Drugs used for cosmetic purposes or to promote hair growth
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- Outpatient drugs that the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale
- Drugs used to promote fertility
- Drugs used to relieve the symptoms of cough and colds
- Non-prescription drugs, also called over-the-counter (OTC) drugs
- Drugs when used for the treatment of sexual or erectile dysfunction

Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

Some areas may have limited access to pharmacies with preferred cost sharing. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including pharmacies with preferred cost sharing, please call 1-800-594-9390 (TTY: 711) or consult the online pharmacy directory at <http://www.aetnaretireeplans.com>.



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You can read the *Medicare & You 2019 Handbook*. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<http://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-800-594-9390 (TTY: 711). Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-594-9390 (TTY: 711). Traditional Chinese: 注意：如果您使用中文，您可以免費獲得語言援助服務。請致電 1-800-594-9390 (TTY: 711).

You can also visit our website at [www.aetnaretireeplans.com](http://www.aetnaretireeplans.com). As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary/Drug List).

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or co-payments/co-insurance may change on January 1 of each year.

Plans are offered by Aetna Health Inc., Aetna Health of California Inc., and/or Aetna Life Insurance Company (Aetna). Not all health services are covered. See Evidence of Coverage for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location.

If there is a difference between this document and the Evidence of Coverage (EOC), the EOC is considered correct.

Aetna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Aetna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Aetna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:



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- Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
  - Provides free language services to people whose primary language is not English, such as:
    - Qualified interpreters
    - Information written in other languages

If you need these services, call the phone number listed in this material.

If you believe that Aetna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Aetna Medicare Grievance Department, P.O. Box 14067, Lexington, KY 40512. You can also file a grievance by phone by calling the phone number listed in this material (TTY: 711). If you need help filing a grievance, call the phone number listed in this material. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can also contact the Aetna Civil Rights Coordinator by phone at 1-855-348-1369, by email at [MedicareCRCoordinator@aetna.com](mailto:MedicareCRCoordinator@aetna.com), or by writing to Aetna Medicare Grievance Department, ATTN: Civil Rights Coordinator, P.O. Box 14067, Lexington, KY 40512.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

**TTY: 711**

If you speak a language other than English, free language assistance services are available. Visit our website or call the phone number listed in this document. (English)

Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en este documento. (Spanish)

如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打本文件中所列的電話號碼。(Traditional Chinese)



Kung hindi Ingles ang wikang inyong sinasalita, may maaari kayong kuning mga libreng serbisyo ng tulong sa wika. Bisitahin ang aming website o tawagan ang numero ng telepono na nakalista sa dokumentong ito. (Tagalog)

Si vous parlez une autre langue que l'anglais, des services d'assistance linguistique gratuits vous sont proposés. Visitez notre site Internet ou appelez le numéro indiqué dans ce document. (French)

Nếu quý vị nói một ngôn ngữ khác với Tiếng Anh, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí. Xin vào trang mạng của chúng tôi hoặc gọi số điện thoại ghi trong tài liệu này. (Vietnamese)

Wenn Sie eine andere Sprache als Englisch sprechen, stehen Ihnen kostenlose Sprachdienste zur Verfügung. Besuchen Sie unsere Website oder rufen Sie die Telefonnummer in diesem Dokument an. (German)

영어가 아닌 언어를 쓰시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 저희 웹사이트를 방문하시거나 본 문서에 기재된 전화번호로 연락해 주십시오. (Korean)

Если вы не владеете английским и говорите на другом языке, вам могут предоставить бесплатную языковую помощь. Посетите наш веб-сайт или позвоните по номеру, указанному в данном документе. (Russian)

إذا كنت تتحدث لغة غير الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متاحة. تفضل بزيارة موقعنا على الويب أو اتصل برقم الهاتف المدرج في هذا المستند. (Arabic)

यदि आप अंग्रेजी नहीं बोलते हैं, तो आपको निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। हमारे वेबसाइट पर जाएं या इस दस्तावेज़ में दिए गए फ़ोन नंबर पर कॉल करें। (Hindi)

Nel caso Lei parlasse una lingua diversa dall'inglese, sono disponibili servizi di assistenza linguistica gratuiti. Visiti il nostro sito web oppure chiami il numero di telefono elencato in questo documento. (Italian)

Caso você seja falante de um idioma diferente do inglês, serviços gratuitos de assistência a idiomas estão disponíveis. Acesse nosso site ou ligue para o número de telefone presente neste documento. (Portuguese)

Si ou pale yon lòt lang ki pa Anglè, wap jwenn sèvis asistans pou lang gratis ki disponib. Vizite sitwèb nou an oswa rele nan nimewo telefòn ki make nan dokiman sa a. (Haitian Creole)

Jeżeli nie posługują się Państwo językiem angielskim, dostępne są bezpłatne usługi wsparcia językowego. Proszę odwiedzić naszą witrynę lub zadzwonić pod numer podany w niniejszym dokumencie. (Polish)







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**\*\*\*This is the end of this plan benefit summary\*\*\***

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Illustrative